

Reportable Early Intervention Activities

Formerly known as “meaningful” or “billable” activities, reportable service coordination/family training activities are those broadly defined categories of activity that are made available to DDSN eligible persons and, to a limited extent, to those seeking DDSN eligibility. These categories are not mutually exclusive and, therefore, some activity(s) of the Early Interventionist may overlap two or more categories. Also, these are the primary early intervention activities for which DHHS contracts with DDSN and for which DDSN sub-contracts with local providers.

Activities such as counseling, transportation of a child or family member, or performing the duties of a child development staff as a result of their unplanned absence are not part of Early Interventionist’s responsibility as contracted by DDSN. Likewise, recruitment of board-based caregivers, fund raising during normal business hours, general office management, and management of agency vehicles are not to be supported by Medicaid-funded early intervention. Of course there are certain non-early intervention activities that an employer may require of an employee and which commonly occur in a normal work environment, such as with DSN Board committees or inter-agency workgroups. These types of activities are acceptable, but are not reportable by the Early Interventionist.

Reportable activities will fall into one of the following activities:

1. **Intake Activity**-Intake includes activities, which lead to a determination of DDSN eligibility. Intake begins with referral and ends with notification of the parent/legal guardian (and the referring party if different and if appropriate) of the eligibility decision or ends with the conclusion of any subsequent appeal and notification. Activities include gathering information, which may support DDSN eligibility from the parent/legal guardian, family members, current and former service providers, and others who know the child. Information may be gathered by mail or electronic correspondence, telephone interview or face-to-face interview. Intake may overlap some of the other reportable activities, particularly, early needs assessment and plan development. Other reportable activities may occur during intake such as referral to a non-DDSN service provider to address an immediate need.
2. **Needs Assessment Activity**-Needs assessment includes activities to obtain, review and evaluate descriptive, diagnostic, treatment and evaluation information provided by the family and others who know the child/family on a personal or professional level. The purpose of needs assessment is to determine the needs, desires and goals of the child. Needs assessment is based upon a determination of the relative strengths and needs of the child/family’s environmental, economic, psycho-social, medical and other circumstances. Personal observation and interview by the Early Interventionist is an important element of needs assessment. Needs assessment is directed at the child, though his/her needs and

resources may overlap with the family or others. Needs assessment by the Early Interventionist begins with referral for DDSN eligibility and ends with closure of the case.

3. **FSP Development (Planning) Activity**-FSP development includes activities leading to a comprehensive plan that identifies and documents the needs, goals, and desires of the child/family and that identifies and documents the services and supports required to address them. If the parent/legal guardian chooses to plan with the assistance of a facilitator (for DDSN children ages 3-6 only), an important function of Early Interventionist in FSP development is the coordination of information and/or communication with the family, persons who play an important or meaningful role in the child's life including current or potential service/support providers, and the facilitator. Planning which involves the Early Interventionist begins with referral for Early Intervention Services, eligibility and ends with closure of the case.
4. **FSP Implementation Activity**-FSP implementation includes activities to identify, refer, link, or access new services/supports or to maintain and coordinate services/supports currently received which address the needs, desires and goals of the child/family as documented in the current FSP. As needs, goals, and desires of the child/family change, FSP implementation will be revised in order to identify and access the most effective services and supports.
5. **Crisis Intervention Activity** -Crisis assessment includes activities required as a result of crisis circumstances arising in the life of the child and family. These circumstances require immediate action to assess and address. The crisis may or may not be associated with known factors in the child's life and, most probably, the needed services/supports or required actions will not have been previously identified in the FSP. Early Interventionists recognize and report situations, which put the child and family at risk of health, safety, or abuse/neglect.
 - The Early Interventionist recognizes signs and symptoms of illness and takes action accordingly.
 - The Early Interventionist recognizes and assists the family to assure environments are free of fire and safety hazards.
 - The Early Interventionist recognizes signs and symptoms of abuse and neglect and when identified takes action accordingly.
6. **Advocacy Activity**-Advocacy includes activities to encourage a current or potential funding source or service provider to address the needs, desires and goals of the child. These activities may overlap with FSP implementation or may be in response to crisis circumstances. Activities should be on behalf of a specific child, though systems change may result from these activities. Good relationships with other agencies in the community are essential to children receiving all necessary services. The provider agency:

- Promotes positive community relations by assisting agency staff in their roles of public relations, community activities, and interagency relationships.
 - Assist families and children in using community resources, building community relationships, and gaining access to public agencies, resources, and opportunities.
7. **Consultation Activity**-Consultation includes activities to confer about, seek information on, or discuss the child and family's goals, desires and services/supports with service agencies and professionals whether or not they are currently serving the child. These activities may overlap with FSP implementation, advocacy, or be in response to crisis circumstances.
 8. **Monitoring Activity**-Monitoring includes activities to review and evaluate services/supports provided to the child or intended to be provided to the child in order to determine their quality, continued appropriateness and effectiveness in meeting the needs, goals and desires of the child as documented on the current FSP. Service quality and family satisfaction are important elements of monitoring.

Reportable Activity for the Individual Service Report

Early Interventionists are required each month to report on the Individual Service Report (ISR) for each person on their caseload.

1. **Initial Reporting**-Early intervention activity may be reported on the ISR once the child's case is opened on CDSS.
2. **FSP**-Early intervention activity may be reported on the ISR only when a current FSP is in place or when an FSP is in process according to time frames. Only service coordination is to be billed prior to the initial FSP being completed.
3. **Reportable Defined**-Only activities which fall within the definitions of the reportable activities may be reported on the ISR.
4. **Intake Reporting Limits**-During the eligibility determination process, reporting may occur for up to 6 months after the provider choice is offered in the screening process. If at 6 months eligibility is not determined reporting must be discontinued until such time as eligibility is determined. SCDDSN may reduce provider's contract or payments if the intake delay is the fault of the provider.
5. **Child Not Located**-If a DDSN eligible person is missing and his/her whereabouts can not be determined within 30 calendar days, an Early Interventionist must discontinue reporting activity and close the case.

6. **Service Provider Reports**-The reading of reports from service providers in and of itself is not reportable. Service notes should document the reading as a part of needs assessment, planning and/or monitoring and the information should be recorded in the FSP in order for this activity to be reportable.
7. **Family Training**-The following activities are to be reported under family training:
 - Activities to enhance development, teaching skills, parenting, play and recreation.
 - Providing information regarding child's diagnosis and development.
 - Encouraging participation of the child in typical family activities.
 - Encouraging parents to provide their own service coordination, advocacy, and transition.
 - Developmental assessments.
 - When reporting time for siblings who received family training at the same time, the Early Interventionist must split the reportable time. For example, if you provide SI to two brothers during a one hour visit you should report 30 minutes of SI for each child not one hour for each brother.
1. **Authorizing Services**-For children birth to three, BabyNet Service Funds are reportable when properly documented. It is not sufficient to document that the Early Interventionist completed the form. The documentation must note that the Early Interventionist is completing the BNSF in order to authorize a service as identified on the plan.
2. **Reporting/Transfer of Case**-If a child transfers from EI to SC in the middle of the month both the EI and the SC can report their activities. Also if the child transfers from one EI provider to another both EI's can report their activity. The former EI would report the activity for the time that she/he had the case and the new EI would do the same.

Guidance for Prep Time -the following guidance is provided as it relates to time spent preparing for family training visits:

- The amount of time it takes to prepare for a scheduled home visit should reflect the activity that was planned for that day. (For example, if an Early Interventionist prepared to sing songs and work on body parts during a particular family training visit the prep would most likely be low).

- There should **not** be a “set” amount of time for preparation of family training activities. The amount of time it takes to prepare for a visit should vary in time depending upon the activity being planned with the child and family.
- If an Early Interventionist prepares for a family training visit, and reports that prep time in the service notes, and the family is not there time should not be reported for the following family training visit.
- Prep time for Family training should be reported as Service Coordination.